



# WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

[www.dhmd.maryland.gov/washhealth](http://www.dhmd.maryland.gov/washhealth)

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## APPLICATION FOR SANITARY SURVEY

Application Date: \_\_\_\_\_ County: \_\_\_\_\_

### PLACEMENT AGENCY INFORMATION:

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

FAX #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGENCY CONTACT (Social Worker): \_\_\_\_\_

### FACILITY TO BE SURVEYED INFORMATION:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER CURRENTLY RESIDING IN HOME: \_\_\_\_\_ Adults \_\_\_\_\_ Children

NUMBER OF CLIENTS REQUESTED: \_\_\_\_\_ Adults \_\_\_\_\_ Children

### WATER SUPPLY:

Public \_\_\_\_\_ Private \_\_\_\_\_ **(\$25.00 FEE)**

If Private – Is there any treatment on the well? \_\_\_\_\_

If Yes – What type of treatment? \_\_\_\_\_

### SEWAGE DISPOSAL:

Public \_\_\_\_\_ Private \_\_\_\_\_ **(\$20.00 FEE)**

If Private – Approximate year septic was installed (if known) \_\_\_\_\_

Owner of property at time of installation (if known) \_\_\_\_\_

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### TO BE COMPLETED BY HEALTH FACILITY:

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DISAPPROVED

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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### OFFICE USE ONLY

RECEIPT #: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ENVIRONMENTAL HEALTH  
1302 Pennsylvania Avenue  
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